

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7074 CERTIFICATE OF DEATH

Reg. Dist. No. 07070
260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Westover</u>		LENGTH OF STAY (in this place) <u>2 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Westover</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (First) <u>William</u> (Middle) <u>Collins</u> (Last) <u>Collins</u>			4. DATE OF DEATH: (Month) <u>July</u> (Day) <u>9</u> (Year) <u>1955</u>				
5. SEX: <u>male</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>married</u>	8. DATE OF BIRTH: <u>Sept. 6, 1886</u>		9. AGE last birthday: <u>68</u> yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life. <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>carpentry</u>		11. BIRTHPLACE (State or foreign country): <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Raymond Collins</u>				14. MOTHER'S MAIDEN NAME: <u>Anna Sadler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>no</u>		17. INFORMANT & ADDRESS: <u>William H. Collins Jr. Smithsburg, Md.</u>			
18. MEDICAL CERTIFICATION							Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.2</u> Immediate cause (a) <u>Chronic myocarditis</u> Antecedent causes (s) (b) <u>DUE TO</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>DUE TO</u>							<u>6 years</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>0</u>				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 10, 1948</u> , to <u>July 9th, 1955</u> , that I last saw the deceased alive on <u>July 9th, 1955</u> , and that death occurred at <u>8:30p</u> , from the causes and on the date stated above. SIGNATURE <u>Elmer G. Markoman</u> (Degree or title) ADDRESS <u>Princess Anne, Md.</u> DATE SIGNED <u>7-12-55</u>							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>July 15, 1955</u>		<u>Harbaughs Cemetery</u>		<u>Midvale, Pa.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>7/13/55</u>		REGISTRAR'S SIGNATURE <u>R. J. Johnson, M.D.</u>		24. FUNERAL DIRECTOR <u>Levin R. Wilson</u>		ADDRESS <u>Princess Anne, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 14 1965

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7075

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07071
Reg. Dist.

No. 260

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Orion</u> <input checked="" type="checkbox"/> TOWN <u>Orion</u> LENGTH OF STAY (in this place) <u>3 days</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS _____		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Pa</u> COUNTY <u>751-3</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Philadelphia Pa.</u> TOWN _____ STREET ADDRESS (If rural, give location) <u>4050 Union Street</u>	
3. NAME OF DECEASED: (Type or Print) (First) <u>Edith Beatrice</u> (Middle) <u>Dean</u> (Last) _____		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>26</u> (Year) <u>1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>Mar 9, 1895</u>
9. AGE last birthday: <u>60</u> yrs.		10. UNDER 1 YEAR: _____ IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY: _____	
11. BIRTHPLACE (State or foreign country): <u>Orion, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>William Lane</u>		14. MOTHER'S MAIDEN NAME: <u>Anna Moddix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service) _____		16. SOCIAL SECURITY No.: <u>197-01-7527</u>	
17. INFORMANT & ADDRESS: <u>Ethel Maldox Orion Md.</u>			

18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>163X</u> Immediate cause (a) <u>Malignant of lung</u> DUE TO _____ Antecedent cause(s) (b) <u>I saw patient after death - history</u> DISEASES OR CONDITIONS, IF ANY, giving rise to the above cause stating underlying cause last (c) <u>of operation and disease obtained from family -</u> DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 years -</u>
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. _____			
19a. DATE OF OPERATION: <u>March 17, 1954</u> 19b. MAJOR FINDING OF OPERATION: <u>Malignant of right lung -</u>			20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY _____	21c. (City or town) _____ (County) _____ (State) _____	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ M. _____	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <u>R.H. Johnson</u> CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>July 27, 55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF: <u>7-29-55</u>	NAME OF CEMETERY OR CREMATORY: <u>St. James Cemetery Orion - Somerset - Md.</u>	
DATE REC'D BY LOCAL REG. <u>7/28/55</u>	REGISTRAR'S SIGNATURE: <u>R.H. Johnson, M.D.</u>	24. FUNERAL DIRECTOR: <u>Whitman H. Jones Jr.</u> ADDRESS: _____	

For more information, contact the publisher at 1-800-393-6645 or visit our website at www.mhprofessional.com.

BUREAU V. S.

Aug 1 1955

RECEIVED

7076

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland COUNTY Somerset			
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Crisfield		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCreedy Memorial Hospital				STREET ADDRESS (If rural give location) Main Street		1	
3. NAME OF DECEASED: (First) (Middle) (Last) Bertha Zenobia Fawcett				4. DATE (Month) (Day) (Year) OF DEATH: July 25, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH: March 20, 1881	
9. AGE last birthday 74 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Marion, Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME: Sidney Peyton		14. MOTHER'S MAIDEN NAME: Susan Powell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: William A. Fawcett, Crisfield, Maryland		18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE 153X				2 yrs			
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 6, 1955 , to July 25, 1955 , that I last saw the deceased alive on July 25, 1955 , and that death occurred at 6:40 AM , from the causes and on the date stated above.							
SIGNATURE Sidney Peyton		ADDRESS M.D. Crisfield, Md		DATE SIGNED July 26, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 27, 1955		NAME OF CEMETERY OR CREMATORY Crisfield Cemetery		LOCATION (City, town, or county) (State) Crisfield, Maryland	
DATE REC'D BY LOCAL REGISTRAR 7/27/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 1 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 261

7077

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Crisfield		LENGTH OF STAY (in this place) dead on arrival		CITY (If outside corporate limits, write RURAL and give nearest town) X OR TOWN Kingston			
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCreedy Hospital				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (First) MAUDE (Middle) BETH (Last) GARDINIER				4. DATE (Month) (Day) (Year) OF DEATH: July 19 19 55			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH: May 21, 1873	
9. AGE last birthday 82 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country): Springville, New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Burwell E. Hawkins				14. MOTHER'S MAIDEN NAME: Emma Jane Potter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Miss Arlene Gardinier-Kingston, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 422.2							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) Acute Dil. of Heart -						24 hrs.	
(B) Goiter						year -	
(C) Chronic Myocarditis & Chronic Nephritis						years -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 19, 1955 , to July 19, 1955 , that I last saw the deceased alive on July 19, 1955 , and that death occurred at 11:40am , from the causes and on the date stated above.							
SIGNATURE George C. Coulburn M.D.		ADDRESS Massian Sta. Md.		DATE SIGNED July 22, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 22, 1955		NAME OF CEMETERY OR CREMATORY Rehobeth Presbyterian Cem.		LOCATION (City, town, or county) (State) Rehobeth, Md.	
DATE REC'D BY LOCAL REGISTRAR July 22, 1955		REGISTRAR'S SIGNATURE Mellie S. Payne		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

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RECEIVED

JUL 28 1955

BUREAU V. S.

7063

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		39	
39 TOWN Crisfield		lifetime		TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		S. 4th St.		STREET ADDRESS (If rural give location)		S. 4th St.	
3. NAME OF DECEASED: (Type or Print)		(First) DORSEY		(Middle) LEMONT		(Last) HANDY	
4. DATE (Month) (Day) (Year)		OF DEATH: July 8 19 55					
5. SEX: Female		6. COLOR OR RACE: Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single		8. DATE OF BIRTH: May 20, 1955	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
yrs. 1		Months 18		Days 18		Hours 18 Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none				10B. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Crisfield, Md.	
						12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Richard D. Handy				14. MOTHER'S MAIDEN NAME: Doris Lane			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no				16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS: S. 4th St. Mrs. Doris Lane Handy- Crisfield, Md.	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Marasmus							
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Child was dead before I was notified , 19 July 11 , and that death occurred at 12:15 PM , from the causes and on the date stated above.							
SIGNATURE Wm H. Coulbourn				ADDRESS Crisfield Md		DATE SIGNED July 11-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 9, 1955		NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 7/9/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

JUL 13 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Somerset</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
34 TOWN		20 yrs.		Crisfield		31	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
100							
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<i>Eliyah M. Johnson</i>				OF DEATH: 7 4 1955			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH:	
Male		Col.		Widowed		Feb. 20, 1882	
9. AGE last birthday		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY:	
73 yrs		Farmer		Marion Sta., Md.		U.S.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<i>James Johnson</i>				<i>Mary Whittington</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
no.							
17. INFORMANT'S ADDRESS:							
<i>Melvin Johnson, Crisfield, Md.</i>							
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
795.0 IMMEDIATE CAUSE							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) Natural Causes - was found							
DUE TO							
(B) Died July 6-1955 Last seen alive							
DUE TO							
(C) on July 3-1955							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
Born Sick quite awhile							
not any medical attention recently							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
No				No operation			
20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If YES, NOTIFY MEDICAL EXAMINER)				21. PLACE (Home, farm, factory, etc.)			
No				Home			
22. TIME (Month) (Day) (Year) (Hour) OF INJURY				23. HOW DID INJURY OCCUR			
M				William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.			
24. I hereby certify that I attended the deceased from or as he lived, that I saw the deceased alive on 19... , and that death occurred at				25. from the causes and on the date stated above.			
SIGNATURE				ADDRESS			
<i>W. H. Coulbourn</i>				<i>Crisfield, Md. July 7, 1955</i>			
26. BURIAL, CREMATION, REMOVAL (Specify)				27. DATE THEREOF			
Burial				7/8/55			
28. NAME OF CEMETERY OR CREMATORY				29. LOCATION (City, town or county) (State)			
Liberia				Marion Sta., Md. Som.C.			
30. DATE REC'D BY LOCAL REGISTRAR				31. REGISTRAR'S SIGNATURE			
7/8/55				Betty W. Tyler			
32. FUNERAL DIRECTOR				33. ADDRESS			
				<i>Chas. F. Walters, Marion Sta., Md.</i>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000
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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07077

7-173

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Somerset</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write OR and give nearest town)		RURAL LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		X	
X TOWN <i>Chance</i>		<i>Lifetime</i>		<i>Chance</i>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Chance P.O.</i>				STREET ADDRESS (If rural give location) <i>1</i>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<i>Grant Jones</i>				<i>July 25 1955</i>			
5. SEX: <i>M</i>	6. COLOR OR RACE: <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Married</i>	8. DATE OF BIRTH: <i>1858</i>	9. AGE last birthday <i>97</i> yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Waterman</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>Oyster Shucker</i>		11. BIRTHPLACE (State or foreign country): <i>Chance, Md.</i>		12. CITIZEN OF WHAT COUNTRY: <i>USA.</i>	
13. FATHER'S NAME: <i>Edward Jones</i>				14. MOTHER'S MAIDEN NAME: <i>Liza Jones</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>217-14-8479</i>		17. INFORMANT & ADDRESS: <i>Noah Williams - Chance, Md.</i>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
241X IMMEDIATE CAUSE				(A) <i>Chronic Myocarditis</i> 4 years			
ANTECEDENT CAUSE (B)				(B) <i>Chronic Bronchial Asthma</i> 6 years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(C) <i>General Arteriosclerosis</i> 6 years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Apr 10 1946</i> to <i>July 25 1955</i> , that I last saw the deceased alive on <i>July 24 1955</i> , and that death occurred at <i>9:30 AM</i> , from the causes and on the date stated above.							
SIGNATURE <i>Eldon G. Marmann</i>				ADDRESS <i>M. D. Princess Anne md</i>		DATE SIGNED <i>7-26-55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>7-28-55</i>		NAME OF CEMETERY OR CREMATORY <i>Chance Cemetery</i>		LOCATION (City, town, or county) (State) <i>Chance, Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>7/27/55</i>		REGISTRAR'S SIGNATURE <i>R. H. Johnson, M.D.</i>		24. FUNERAL DIRECTOR <i>Gr Bradshaw & Sons</i>		ADDRESS <i>Croftfield, Md.</i>	

[illegible]

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY **Somerset**

MARYLAND

CITY (If outside corporate limits, write RURAL, LENGTH OF STAY OR and give nearest town) **Crisfield** (in this place)HOSPITAL OR INSTITUTION OR STREET ADDRESS **McCready Hospital**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland**COUNTY **Somerset**CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN **Crisfield** 39STREET ADDRESS (If rural give location) **Main Street** 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Pearl**Lankford**4. DATE OF DEATH: (Month) (Day) (Year) **July 1, 19 55**

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) **Married**

8. DATE OF BIRTH:

9. AGE last birthday: If UNDER 1 YEAR If UNDER 24 HRS. yrs. Months Days Hours Min **69** **4** **19**10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): **Virginia** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME:

Robert Walker

14. MOTHER'S MAIDEN NAME:

Unknown15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **No** (If Yes, give war or dates of service)16. SOCIAL SECURITY No. **None**

17. INFORMANT & ADDRESS:

Estell Jones, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X
Immediate cause

(a) DUE TO

Carcinoma, epiglottis.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

Interval Between Onset And Death

6 m.p.

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 19 46**, to **July 1, 19 55**, that I last saw the deceased alive on **July 1, 1955**, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial**July 3, 1955****Sunny Ridge Cemetery****Crisfield, Md.**

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

7/2/55**Betty W. Tyler****Durward Q. Covington Crisfield, Md.**

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. age is especially important. Physicians: please write the causes of death clearly and legibly.

ST. A. C. 1900

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7480
CERTIFICATE OF DEATH

Reg. Dist. No. 265

1 PLACE OF DEATH:		2 USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) Rural- Crisfield	LENGTH OF STAY (in this place) 78 years	CITY (If outside corporate limits, write RURAL and give nearest town) Rural- Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Ave.		STREET ADDRESS Asbury Ave	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) George	(Middle) Wesley	(Last) Lawson	(Month) July (Day) 18 (Year) 1955
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Dec. 12, 1876
9. AGE last birthday: 78 yrs.		10. MONTHS: 25 DAYS: 6 HOURS: MIN.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Waterman		10b. KIND OF BUSINESS OR INDUSTRY: Seafood Fisher	
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George W. Lawson		14. MOTHER'S MAIDEN NAME: Alice Riffin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY No.: 218-20-5857A	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: Leo Lawson, Crisfield, Md.	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			Interval Between Onset And Death
Immediate cause (a) Coronary Thrombosis			10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis			?
(c)			
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION: None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 8, 1955 , to July 18, 1955 , that I last saw the deceased alive on July 18, 1955 , and that death occurred at 2:15 P.M. from the causes and on the date stated above.			
SIGNATURE C. Hawley M.D.		DATE SIGNED 7-19-55	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 20, 1955	Sunny Ridge	Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
7/19/55	Betty W. Tyler	Durward Q. Covington, Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.



7-171

CERTIFICATE OF DEATH

Reg. Dist. No. 265...

1. PLACE OF DEATH—				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
37 Crisfield		1 day		R.F.D. Marion Station		X	
HOSPITAL OR INSTITUTE OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
50 Small Boat Harbor				/			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) MARION		(Middle)		(Last) MADDOX			
(Type or Print)				OF DEATH.		July 5 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	Colored	single	March 2, 1938	17 yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none			10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
			none	Crisfield, Md.		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Leroy Maddox				Evelyn Savage Doanes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO		17. INFORMANT & ADDRESS:	
no				none		Mrs. Evelyn Maddox—R.F.D. Marion Station, Md.	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE				(A) Accidental			
ANTECEDENT CAUSE (S)				DUE TO Drowning			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST				(B) Drowned			
				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
Drowned							
19A. DATE OF OPERATION.				19B. MAJOR FINDINGS OF OPERATION			
no				no			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OR INJURY SITE, office bldg, etc.)		21C. WHERE DID (City or town) (County) (State)	
X				Boat Harbor		Crisfield Somerset Md	
22. TIME (Month) (Day) (Year) (Hour)				21E. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
July 5-1955 3PM							
22. I hereby certify that I attended the deceased from the causes and on the date stated above.							
SIGNED				DATE SIGNED			
W. H. Coulbourn				July 6, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial				July 8, 1955		Waters Chapel Cemetery	
						LOCATION (City, town, or county) (State)	
						Kingston, Md.	
DATE REC'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
7/7/55				Betty W. Tyler		Bradshaw & Sons—Crisfield, Md.	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8 1/2 10000

See 11 1'

10000

CERTIFICATE OF DEATH

Reg. Dist. No. 265

7:181

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Ewell		LENGTH OF STAY (in this place) 5 years		CITY (If outside corporate limits, write RURAL and give nearest town) Tylerton		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ewell				STREET ADDRESS (If rural give location) None			
3. NAME OF DECEASED: (First) (Middle) (Last) Eddie WATSON MARSHALL				4. DATE (Month) (Day) (Year) OF DEATH: July 11, 19 55			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH: Sept. 23, 1892	
9. AGE last birthday: 62 yrs		10. MONTHS: 62		11. DAYS: 62		12. HOURS: 62	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman				10B. KIND OF BUSINESS OR INDUSTRY: Seafood			
11. BIRTHPLACE (State or foreign country): Tylerton, Maryland				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Cooper Marshall				14. MOTHER'S MAIDEN NAME: Manie Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO.: 218-11-1913			
17. INFORMANT & ADDRESS: Mrs. Myrtle Marshall, Ewell, Maryland							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Coronary Occlusion							
ANTECEDENT CAUSE (B) Natural Causes							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterio Sclerosis							
19A. DATE OF OPERATION: ✓		19B. MAJOR FINDINGS OF OPERATION: ✓		19C. WHERE DID YOU EXAMINE THE BODY? William H. Coulbourn, M.D.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, etc.) OF INJURY: DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, Md.		21C. WHERE DID YOU EXAMINE THE BODY? DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, Md.		(State) ✓	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: ✓		21E. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> at work <input checked="" type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Natural Cause			
22. I hereby certify that I attended the deceased from He was dead before I to 19 that I last saw the deceased alive at 7:181 , and that death occurred at 7:181 M, from the causes and on the date stated above. SIGNATURE W. H. Coulbourn M.O. Crisfield, Md. DATE SIGNED July 14, 1955							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF July 14, 1955		NAME OF CEMETERY OR CREMATORY Ewell Methodist Cemetery		LOCATION (City, town, or county) (State) Ewell, Maryland	
DATE REC'D BY LOCAL REGISTRAR 7/14/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

Reg. Dist. No. 260...

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Rumblay		Lifetime		TOWN Rumblay		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		none		STREET ADDRESS		none	
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) William		(Middle) Grant		(Last) Meredith		(Month) July (Day) 24 (Year) 19 55	
(Type or Print)							
5. SEX. Male		6. COLOR OR RACE. White		7. SINGLE, MARRIED, WIDOWED, DIVORCED. Married		8. DATE OF BIRTH: Oct. 9, 1885	
						9. AGE last birthday 69 yrs	
						IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman				10B. KIND OF BUSINESS OR INDUSTRY: Catching seafood		11. BIRTHPLACE (State or foreign country): Fairmount, Maryland	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Hezekiah Meredith				14. MOTHER'S MAIDEN NAME: Elizabeth Ford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.): No (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO			
				17. INFORMANT & ADDRESS: Mrs. Willis Parks, Rumblay, Maryland			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE				(A) Crowning Coronary Artery			
ANTECEDENT CAUSE (S)				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST				(B) Chronic Out myocardial			
				DUE TO			
				(C) Chronic myocardial			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Coronary Artery Disease							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
200222							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While at work Not while at work		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 24, 1955 , to July 24, 1955 , that I last saw the deceased alive on July 24, 1955 , and that death occurred at 11:44 A.M. from the causes and on the date stated above.							
SIGNATURE George E. Johnson				ADDRESS Mason St		DATE SIGNED July 26, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				DATE THEREOF July 26, 1955		NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	
						LOCATION (City, town, or county) (State) Fairmount, Maryland	
DATE REC'D BY LOCAL REGISTRAR 7/26/55				REGISTRAR'S SIGNATURE R. H. Johnson		24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

7:183

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>			
TOWN <u>Crisfield</u>		TOWN <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>		STREET ADDRESS (If rural give location) <u>Mariners Section</u>			
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last)		OF DEATH: <u>July</u> <u>17</u> <u>19 55</u>			
(Type or Print) <u>ELVA</u> <u>MAE</u> <u>RIGGIN</u>					
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	10. IF UNDER 1 YEAR Months Days Hours Min.
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>January 29, 1914</u>	<u>41</u> yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Truck Freight Service</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>George T. Miles</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Isabelle Tawes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>224-28-5846</u>		17. INFORMANT & ADDRESS: <u>W. Edwin Riffin, III - Crisfield, Md.</u>	
18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH					
IMMEDIATE CAUSE <u>410X</u>					
ANTECEDENT CAUSE (S)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.					
(A) <u>Myocardial Infarction - Pulmonary Infarction</u>					<u>July 4</u>
DUE TO					
(B) <u>Myocardial Infarction - Myocardial</u>					<u>Jan - 1</u>
DUE TO					
(C) <u>Rheumatic Heart Disease</u>					<u>Jan - 1</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION: <u>01</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>		21E. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1953</u> , to <u>July 17, 1953</u> ; that I last saw the deceased alive on <u>July 17, 1953</u> , and that death occurred at <u>3:10 AM</u> , from the causes and on the date stated above.					
SIGNATURE <u>Sarah M. Peyton</u>		ADDRESS <u>Crisfield, Md.</u>		DATE SIGNED <u>July 18, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>July 19, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	
LOCATION (City, town or county) (State) <u>Crisfield, Md.</u>					
DATE REC'D BY LOCAL REGISTRAR <u>7/18/55</u>		REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bradshaw & Sons - Crisfield, Md.</u>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-100000

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7084

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY **Somerset** MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
 TOWN **Rural-Crisfield** **97 yrs.**
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS **Johnson Creek Rd.**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Somerset**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Rural-Crisfield**
 STREET ADDRESS (If rural give location)
Johnson Creek Rd.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Jerome**C.****Sterling**

4. DATE OF DEATH:

(Month)

(Day)

(Year)

July 8,**19 55**

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED.

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Male**White****Widower****March 18, 1858****97****yrs.****3****Months****20****Days****Hours****Min.**

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired.

Waterman-Famer

10b. KIND OF BUSINESS OR INDUSTRY:

Seafood-Farming

11. BIRTHPLACE (State or foreign country):

Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

Christopher Sterling

14. MOTHER'S MAIDEN NAME:

Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No**No**

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Hattie Daugherty, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause

(a)

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

INJURY OCCURRED

While at Work ☐Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955 to July 8, 1955, that I last saw the deceased

alive on July 8, 1955, and that death occurred at 1:10 p.m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

7/9/55**Betty W. Tyler****Durward Q. Covington, Crisfield, Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. OFFICE

JUL 1 1967

7072

CERTIFICATE OF DEATH

Reg. Dist. No. 265...

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
29 TOWN Crisfield		lifetime		OR TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. First St.				STREET ADDRESS (If rural give location) N. First St.			
3. NAME OF DECEASED: (First) MILTON		(Middle) SWIFT, JR.		(Last)		4. DATE (Month) (Day) (Year) OF DEATH: July 4 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: Nov. 19, 1954		9. AGE last birthday		IF UNDER 1 YEAR
				yrs. 7		Months 15	Days 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none		10B. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Milton Swift				14. MOTHER'S MAIDEN NAME: Ruth Webb			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no		16. SOCIAL SECURITY NO. (If Yes, give war or dates of service): none		17. INFORMANT & ADDRESS: Milton Swift-N. First St.-Crisfield, Md.			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
493X Histopneumonia							
IMMEDIATE CAUSE (A) Cardiac Complication							
ANTECEDENT CAUSE (B) Little Medical attendance							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. William H. Coulbourn, M.D.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		DEPUTY MEDICAL EXAMINER		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or street, office bldg., etc.) Home		21C. WHERE DIED (City or town) (County) (State) Crisfield Somerset Md.			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED (While at work) (Not while at work)		21F. HOW DID INJURY OCCUR? Natural Cause			
22. I hereby certify that I attended the deceased from 2:00 before he died, and that death occurred at 10:00 M. from the causes and on the date stated above.							
SIGNATURE William H. Coulbourn M.D. Crisfield Md DATE SIGNED July 4-1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF July 6, 1955		NAME OF CEMETERY OR CREMATORY Crisfield Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 7/6/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CHURCH A. B.

111 11 11

111 11 11

7-85

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39			
TOWN Crisfield		Lifetime		STREET ADDRESS (If rural give location) 710 Broadway			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) Asbury		(Middle) —		(Last) Thomas		(Date) July 28 19 55	
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb. 18, 1917	9. AGE last birthday 38 yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Canning factory		11. BIRTHPLACE (State or foreign country): Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Asbury Thomas				14. MOTHER'S MAIDEN NAME: Annie Lane			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No		16. SOCIAL SECURITY No. 220-03-3532		17. INFORMANT & ADDRESS: Margaret Jones Thomas, Crisfield, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) 550.0 Appendicitis, acute,		24 hrs.
ANTECEDENT CAUSE (B) with shock + cardiac		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) dilatation acute.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 7-27-55	19B. MAJOR FINDINGS OF OPERATION: Unilateral appendicitis acute	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-27, 1955** to **7-28, 1955**, that I last saw the deceased alive on **7-28, 1955**, and that death occurred at **6 A.M.**, from the causes and on the date stated above.

SIGNATURE C. Rawley M.D.		ADDRESS Crisfield, Md.		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF July 30, 1955	NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery	LOCATION (City, town, or county) (State) Crisfield, Maryland (Somerset)		
DATE REC'D BY LOCAL REGISTRAR 7/30/55	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.			

MARGIN RESERVED FOR BINDING

BUREAU V. S.

AUG 1 1955

RECEIVED

7073

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) 39 OR TOWN Crisfield		LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) 39 OR TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Collins St.				STREET ADDRESS (If rural give location) 5 Collins St.			
3. NAME OF DECEASED: (First) (Middle) (Last) EVERETT WATERS				4. DATE (Month) (Day) (Year) OF DEATH: July 1 19 55			
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify): widowed	8. DATE OF BIRTH: April 10, 1899	9. AGE last birthday 56 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer		10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry		11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Nathaniel Waters				14. MOTHER'S MAIDEN NAME: Effie Collins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 218-12-1282		17. INFORMANT & ADDRESS: 5 Collins St. Mrs. Effie Williams- Crisfield, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 434.2 Asthma							
ANTECEDENT CAUSE (S) DUE TO Cardiac Complication							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B) Emaciation							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 7/6/55		19B. MAJOR FINDINGS OF OPERATION: William H. Coulbourn, M.D.		DEPUTY MEDICAL EXAMINER		20. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, etc.) OF INJURY: Home		21C. HOW DID INJURY OCCUR? Natural Cause			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: July 1 1955		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Natural Cause			
22. I hereby certify that I attended the deceased from before , 19 1955 , and that death occurred at 12:30 a.m. , from the causes and on the date stated above.							
SIGNATURE W. H. Coulbourn		ADDRESS Crisfield Md		DATE SIGNED July 1-1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF July 6, 1955		NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 7/6/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JUL 11 1955

RECEIVED